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CONFIRMATION NO. 3407

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/990,497 | FILING DATE<br>11/21/2001<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1615 | ATTORNEY<br>DOCKET NO.<br>RPS6096-US |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

Robert Waranis, Annandale, NJ;

Durwin O. Fontenette, Brandon, FL;

\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/03/2001

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

## ADDRESS

43971  
 CARDINAL HEALTH  
 7000 CARDINAL PLACE  
 LEGAL DEPARTMENT - INTELLECTUAL PROPERTY  
 DUBLIN, OH  
 43017

## TITLE

Acetaminophen compositions

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>870 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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